

**Town of Orleans**



**Zoning Board of Appeals**  
**PO Box 103**  
**20558 Sunrise Avenue**  
**LaFargeville, NY 13656**  
**Phone 315-658-9950**  
**Fax: 315-658-2513**  
**www.townoforleans.com**

**Enforcement Officer**

Lee Shimel  
315-658-2057

**APPLICATION FOR VARIANCE PERMIT**

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number (s):** \_\_\_\_\_

**Describe Location and Boundaries:**

\_\_\_\_\_

\_\_\_\_\_

**Tax Map Parcel #:** \_\_\_\_\_

**State Use Requested:**

\_\_\_\_\_

**\*Note:** All applications must be accompanied by two (2) plot plans showing lot dimensions, structural dimensions, yard dimensions. If an area variance is requested, you must show neighboring properties, with their names and addresses included on the plot plans. Two (2) photos are also required showing the area involved. A (\$75) Application fee is required when this application is submitted.

**\*\*PLEASE DRAW TO SCALE AND INCLUDE NORTH ARROW\*\***

I certify that the above information has been provided and the above statements are true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Purchaser Under Contract

\_\_\_\_\_  
Contractor

**FOR TOWN USE ONLY**

**Zoning District:** \_\_\_\_\_ **Hearing Results: Granted** \_\_\_\_ **Denied** \_\_\_\_  
**239m Review Needed?** Yes\_\_ No\_\_ **(a) Cannot Yield Reasonable Return** { }  
**Favorable?** Yes\_\_ No\_\_ **(b) Owner has unique circumstances, cannot alter** { }  
**Hearing Date:** \_\_\_\_\_ **(c) Character of Locality** { }  
**Date Notice Published:** \_\_\_\_\_

**Chairman's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_